

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage visit, www.Auxiant.com or call 1-800-245-0533. For general definitions of common terms, such as allowed amount, balance billing, Coinsurance, Co-Payment, Deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.Auxiant.com or call 1-800-245-0533 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall <u>Deductible</u>?</p>	<p>Network: \$4,850/Individual or \$9,700/Family per Plan Year Out-of-Network: \$10,000/Individual or \$20,000/Family per Plan Year</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>Deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, they have to meet their own individual <u>Deductible</u> until the overall family <u>Deductible</u> has been met. <u>Network/Out-of-Network Deductibles</u> and any other benefit maximums do not cross-satisfy one another.</p>
<p>Are there services covered before you meet your <u>Deductible</u>?</p>	<p>Yes: <u>Network Preventive Care</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>Deductible</u> amount. But a <u>Co-Payment</u> or <u>Coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without cost-sharing and before you meet your <u>Deductible</u>. See a list of covered <u>preventive</u> services at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other <u>Deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>Deductibles</u> for specific services.</p>
<p>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</p>	<p>Network: \$4,850/Individual or \$9,700/Family per Plan Year Out-of-Network: \$10,000/Individual or \$20,000/Family per Plan Year</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met. <u>Network/Out-of-Network out-of-pocket limits</u> and any other benefit maximums cross-satisfy one another.</p>
<p>What is not included in the <u>out-of-pocket limit</u>?</p>	<p>Ineligible charges, amounts over the <u>maximum allowable charge</u>, <u>premiums</u>, <u>balanced-billed charges</u>, and health care this <u>plan</u> doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>

Important Questions	Answers	Why This Matters:
<p>Will you pay less if you use a <u>Network provider</u>?</p>	<p>Yes, see the back of your ID card for more information.</p>	<p>This <u>plan</u> uses a <u>provider Network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's Network</u>. You will pay the most if you use an <u>Out-of-Network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (a <u>balance bill</u>). Be aware, your <u>Network provider</u> might use an <u>Out-of-Network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a <u>referral</u> to see a <u>specialist</u>?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a referral.</p>



All **Co-Payment** and **Coinsurance** costs shown in this chart are after your **Deductible** has been met, if a **Deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
	<u>Specialist</u> visit	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
	<u>Preventive care/screening/Immunization</u>	No Charge	50% <u>Coinsurance</u>	_____none_____
If you have a test	Diagnostic test (x-ray, blood work)	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
	Imaging (CT/PET scans, MRIs)	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at: www.tnuerx.com</p>	Generic Drugs	0% <u>Coinsurance</u>	Not applicable	<p>Covers up to a 30-day or 90-day retail supply. Covers up to a 90-day mail order supply. No <u>Co-Payment</u> for generic prescriptions mandated by the <u>Affordable Care Act (ACA)</u>, including, but not limited to, tobacco cessation medications and generic women's contraceptives. Drugs costing above \$350 for a 30-day supply not covered unless SHARx program fails to provide a solution.</p>
	Preferred Brand Name Drugs	0% <u>Coinsurance</u>	Not applicable	
	Non-Preferred Brand Name Drugs	0% <u>Coinsurance</u>	Not applicable	
	<u>Specialty Drugs</u>	Not covered unless SHARx program fails to provide a solution.	Not applicable	
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
	Physician/surgeon fees	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
	<u>Emergency room care</u>	0% <u>Coinsurance</u>	Paid at <u>Network level</u>	_____none_____
<p>If you need immediate medical attention</p>	<u>Emergency medical transportation</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	Out-of-network air ambulance covered at in-network.
	<u>Urgent care</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
	Facility fee (e.g., hospital room)	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification may result in a reduction in benefits by \$500.
<p>If you have a hospital stay</p>	Physician/surgeon fees	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____

* For more information about limitations and exceptions, see the plan or policy document at www.auxiant.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
	Inpatient services	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification may result in a reduction in benefits by \$500.
If you are pregnant	Office visits	Paid same as any other Illness	Paid same as any other Illness	Depending on the type of services, a <u>Coinsurance</u> or <u>Deductible</u> may apply. Maternity care may include tests described elsewhere in the SBC (i.e. ultrasound). Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification may result in a reduction in benefits by \$500.
	Childbirth/delivery professional services	Paid same as any other Illness	Paid same as any other Illness	
	Childbirth/delivery facility services	Paid same as any other Illness	Paid same as any other Illness	
If you need help recovering or have other special health needs	<u>Home health care</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	Limited to 60 visits per Plan Year, 1 visit per day.
	<u>Rehabilitation services</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	Therapy sessions are limited to 30 visits per Plan Year combined with Cardiac Rehabilitation, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy.
	<u>Habilitation services</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	
	<u>Skilled nursing care</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	Limited to 30 days per Plan Year. Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification may result in a reduction in benefits by \$500.
	<u>Durable medical equipment</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
	<u>Hospice services</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	Limited to 30 days per Plan Year. Respite care included.

* For more information about limitations and exceptions, see the plan or policy document at www.auxiant.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
	Children's glasses	Not Covered	Not Covered	_____none_____
	Children's dental check-up	Not Covered	Not Covered	_____none_____

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (adult)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care
- Hearing aids to age 18
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Auxiant at 424 1st Avenue NE, Ste 200, Cedar Rapids, IA 52401 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally include [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 800-245-0533.

Navajo (Dine): Dine'ek'engo shika at'ohwol ninisingo, kwijigo holne' 800-245-0533.

Pennsylvania Dutch (Deutsch): Fer Hilf griege in Deutsch, ruf 800-245-0533 uff.

————— To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section. —————

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.auxiant.com.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (Deductibles, Co-Payments and Coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of Network pre-natal care and a hospital delivery)

- The plan's overall Deductible **\$4,850**
- Specialist [cost sharing] **0%**
- Hospital (facility) [cost sharing] **0%**
- Other [cost sharing] **0%**

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost **\$12,700**

In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$4,850
<u>Co-Payments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,910

Managing Joe's type 2 Diabetes

(a year of routine Network care of a well-controlled condition)

- The plan's overall Deductible **\$4,850**
- Specialist [cost sharing] **0%**
- Hospital (facility) [cost sharing] **0%**
- Other [cost sharing] **0%**

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable Medical Equipment (*glucose meter*)

Total Example Cost **\$5,600**

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$4,850
<u>Co-Payments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$4,870

Mia's Simple Fracture

(Network emergency room visit and follow up care)

- The plan's overall Deductible **\$4,850**
- Specialist [cost sharing] **0%**
- Hospital (facility) [cost sharing] **0%**
- Other [cost sharing] **0%**

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable Medical Equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost **\$2,800**

In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$2,800
<u>Co-Payments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

The **plan** would be responsible for the other costs of these **EXAMPLE** covered services.

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Important Questions	Answers	Why This Matters:
<p>What is the overall <u>Deductible</u>?</p>	<p>Network: \$3,500/Individual or \$7,000/Family per Plan Year Out-of-Network: \$7,000/Individual or \$14,000/Family per Plan Year</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>Deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, they have to meet their own individual <u>Deductible</u> until the overall family <u>Deductible</u> has been met. <u>Network/Out-of-Network Deductibles</u> and any other benefit maximums do not cross-satisfy one another.</p>
<p>Are there services covered before you meet your <u>Deductible</u>?</p>	<p>Yes: <u>Network Preventive Care</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>Deductible</u> amount. But a <u>Co-Payment</u> or <u>Coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive</u> services without cost-sharing and before you meet your <u>Deductible</u>. See a list of covered <u>preventive</u> services at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other <u>Deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>Deductibles</u> for specific services.</p>
<p>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</p>	<p>Network: \$4,550/Individual or \$9,000/Family per Plan Year Out-of-Network: \$9,100/Individual or \$18,000/Family per Plan Year</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met. <u>Network/Out-of-Network out-of-pocket limits</u> and any other benefit maximums do not cross-satisfy one another.</p>
<p>What is not included in the <u>out-of-pocket limit</u>?</p>	<p>Ineligible charges, amounts over the <u>maximum allowable charge</u>, <u>premiums</u>, <u>balanced-billed charges</u>, and health care this <u>plan</u> doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>

Important Questions	Answers	Why This Matters:
<p>Will you pay less if you use a <u>Network provider</u>?</p>	<p>Yes, see the back of your ID card for more information.</p>	<p>This <u>plan</u> uses a <u>provider Network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's Network</u>. You will pay the most if you use an <u>Out-of-Network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (a <u>balance bill</u>). Be aware, your <u>Network provider</u> might use an <u>Out-of-Network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a <u>referral</u> to see a <u>specialist</u>?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a referral.</p>



All **Co-Payment** and **Coinsurance** costs shown in this chart are after your **Deductible** has been met, if a **Deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 <u>Co-Payment</u> ; then, 0% <u>Coinsurance</u> . <u>Deductible</u> does not apply.	50% <u>Coinsurance</u>	_____none_____
	<u>Specialist</u> visit	\$50 <u>Co-Payment</u> ; then, 0% <u>Coinsurance</u> . <u>Deductible</u> does not apply.	50% <u>Coinsurance</u>	_____none_____
	<u>Preventive care/screening/Immunization</u>	No Charge	50% <u>Coinsurance</u>	_____none_____
If you have a test	Diagnostic test (x-ray, blood work)	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	Quest/Labcorp services is covered at no charge.
	Imaging (CT/PET scans, MRIs)	\$500 <u>Co-Payment</u> ; then, 0% <u>Coinsurance</u>	\$1000 <u>Co-Payment</u> , then 50% <u>Coinsurance</u>	KISx Imaging services is covered at no charge.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at: www.tnuerx.com</p>	Generic Drugs	30-day: \$10 Co-Payment 90-day: \$25 Co-Payment	N/A	Covers up to a 30-day or 90-day retail supply. Covers up to a 90-day mail order supply.
	Preferred Brand Name Drugs	40% <u>Coinsurance</u>	N/A	No <u>Co-Payment</u> for generic prescriptions mandated by the <u>Affordable Care Act (ACA)</u> , including, but not limited to, tobacco cessation medications and generic women's contraceptives.
	Non-Preferred Brand Name Drugs	50% <u>Coinsurance</u>	N/A	Drugs costing above \$350 for a 30-day supply not covered unless SHARx program fails to provide a solution.
	Specialty Drugs	Not covered unless SHARx program fails to provide a solution.	N/A	_____none_____
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	0% <u>Coinsurance</u>	\$1000 <u>Co-payment</u> , then 50% <u>Coinsurance</u>	_____none_____
	Physician/surgeon fees	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
<p>If you need immediate medical attention</p>	<u>Emergency room care</u>	\$250 <u>Co-Payment</u> , then 0% <u>Coinsurance</u>	Paid at <u>Network level</u>	<u>Co-Payment</u> waived if admitted.
	<u>Emergency medical transportation</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	Out-of-network air ambulance covered at in-network.
	<u>Urgent care</u>	\$50 <u>Co-Payment</u> , then covered at 100% up to \$500 per visit, then 0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
<p>If you have a hospital stay</p>	Facility fee (e.g., hospital room)	0% <u>Coinsurance</u>	\$1000 <u>Co-Payment</u> , then 50% <u>Coinsurance</u>	Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification may result in a reduction in benefits by \$500.
	Physician/surgeon fees	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____

* For more information about limitations and exceptions, see the plan or policy document at www.auxiant.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
	Inpatient services	0% <u>Coinsurance</u>	\$1000 <u>Co-Payment</u> ; then, 50% <u>Coinsurance</u>	Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification may result in a reduction in benefits by \$500.
If you are pregnant	Office visits	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	Depending on the type of services, a <u>Coinsurance</u> or <u>Deductible</u> may apply. Maternity care may include tests described elsewhere in the SBC (i.e. ultrasound). Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification may result in a reduction in benefits by \$500. Independent labs will be no charge for in <u>Network</u> services.
	Childbirth/delivery professional services	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	
	Childbirth/delivery facility services	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	
	Home health care	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	
If you need help recovering or have other special health needs	<u>Rehabilitation services</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	Therapy sessions are limited to 30 visits per Plan Year combined with Cardiac Rehabilitation, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy. Limited to 30 days per Plan Year. Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification may result in a reduction in benefits by \$500.
	<u>Habilitation services</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	
	<u>Skilled nursing care</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	
	<u>Durable medical equipment</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	
	<u>Hospice services</u>	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	

* For more information about limitations and exceptions, see the plan or policy document at www.auxiant.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	0% <u>Coinsurance</u>	50% <u>Coinsurance</u>	_____none_____
	Children's glasses	Not Covered	Not Covered	_____none_____
	Children's dental check-up	Not Covered	Not Covered	_____none_____

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (adult)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (adult)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care
- Hearing aids to age 18
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Auxiant at 424 1st Avenue NE, Ste 200, Cedar Rapids, IA 52401 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally include [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 800-245-0533.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 800-245-0533.

Pennsylvania Dutch (Deutsch): Fer Hilf griege in Deutsch, ruf 800-245-0533 uff.

_____ To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section. _____

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.auxiant.com.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (Deductibles, Co-Payments and Coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of Network pre-natal care and a hospital delivery)

- The plan's overall Deductible **\$3,500**
- Specialist [cost sharing] **\$50**
- Hospital (facility) [cost sharing] **0%**
- Other [cost sharing] **0%**

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost **\$12,700**

In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$3,500
<u>Co-Payments</u>	\$500
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,060

Managing Joe's type 2 Diabetes

(a year of routine Network care of a well-controlled condition)

- The plan's overall Deductible **\$3,500**
- Specialist [cost sharing] **\$50**
- Hospital (facility) [cost sharing] **0%**
- Other [cost sharing] **0%**

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable Medical Equipment (*glucose meter*)

Total Example Cost **\$5,600**

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$3,500
<u>Co-Payments</u>	\$80
<u>Coinsurance</u>	\$700
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$4,300

Mia's Simple Fracture

(Network emergency room visit and follow up care)

- The plan's overall Deductible **\$3,500**
- Specialist [cost sharing] **\$50**
- Hospital (facility) [cost sharing] **0%**
- Other [cost sharing] **0%**

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable Medical Equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost **\$2,800**

In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$2,800
<u>Co-Payments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

The plan would be responsible for the other costs of these EXAMPLE covered services.

ERROR: undefined
OFFENDING COMMAND: eexec

STACK:

/quit
-dictionary-
-mark-

ERROR: undefined
OFFENDING COMMAND: eexec

STACK:

/quit
-dictionary-
-mark-

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OFFENDING COMMAND: eexec

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-mark-

ERROR: undefined
OFFENDING COMMAND: eexec

STACK:

/quit
-dictionary-
-mark-

ERROR: undefined
OFFENDING COMMAND: eexec

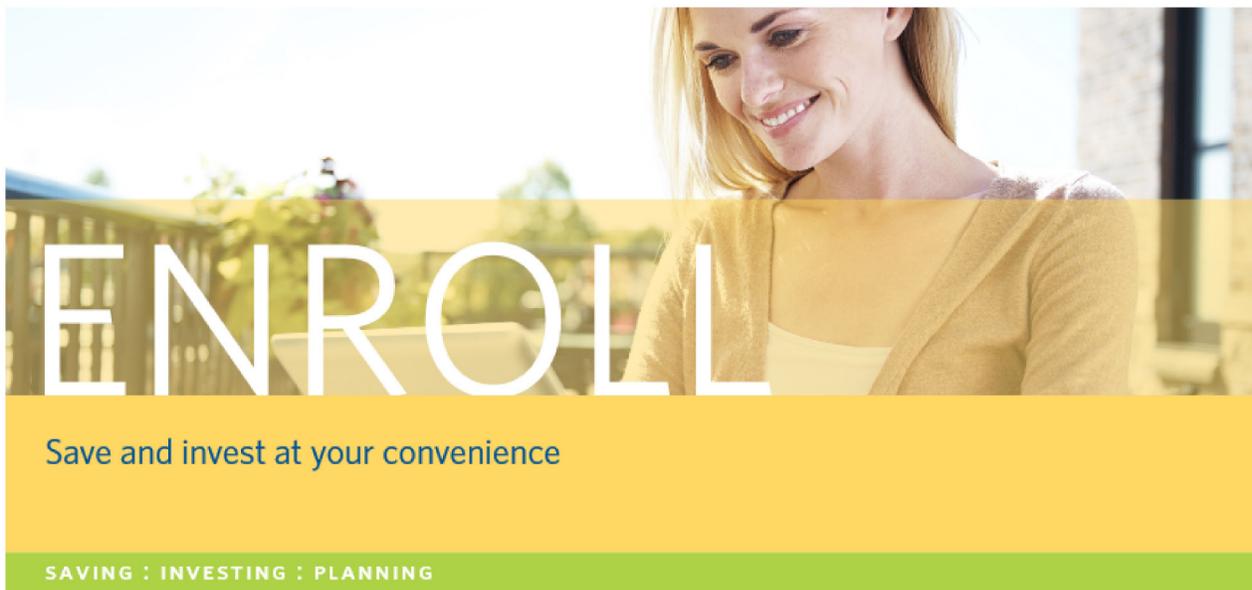
STACK:

/quit
-dictionary-
-mark-

ERROR: undefined
OFFENDING COMMAND: eexec

STACK:

/quit
-dictionary-
-mark-



Group Name:
 Buchheit Enterprises, Inc.
 Retirement Plan

Access Code:
 See Below

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Online enrollment: Access the E-rollment website my.valic.com/onlineenrollment. Enter your Access Code and Personal Identification information and follow the on-screen instructions. For help, call 1-888-569-7055.

Security: The VALIC Secured Socket Layer (SSL) protocol protects the safety and confidentiality of your personal information during each Internet session.

Enrollment by phone: Call 1-888-569-7055 to enroll with an Enrollment Specialist. You will need your Access Code and Personal Identification information.

Real strategies
 Let us help you prepare for a secure retirement



Retirement Plan
Access Codes:

401(k) Code: 71115001
 Roth Code: 71115002



Jeff Phillips
Financial Advisor

(870) 930-5970
jeff.phillips@valic.com

CLICK
VALIC.com

CALL
 1-888-569-7055

VISIT
 your VALIC
 financial advisor



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Benefit Document List x VALIC x

← → ↻ https://www.valic.com/home_3240_422903.html?session_nonce=4c95e0da4acd15fb3

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🔍 MARKET QUOTES Updated: 6/30/2016 12:00 AM ET

▲ ▼ DOW 17,929.99 235.31	▲ ▼ S&P 2,098.86 28.09	▲ ▼ NASD
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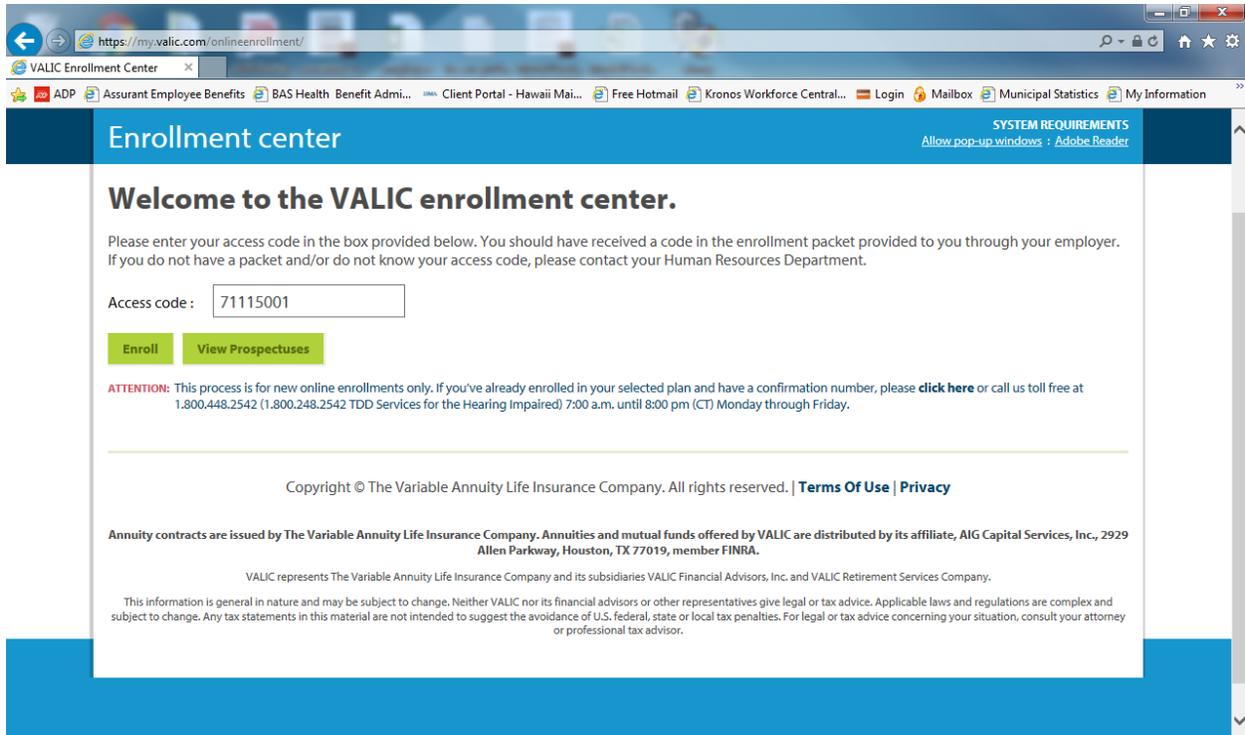


To Enroll in 401k:

Go to <http://valic.com> located under Benefit Forms and Links

Click on the link.

Click on the “Enroll in your retirement plan” option over to the right of the screen.



The screenshot shows a web browser window with the URL <https://my.valic.com/onlineenrollment/>. The page title is "Enrollment center" and it includes a "SYSTEM REQUIREMENTS" section with a link to "Allow pop-up windows : Adobe Reader". The main heading is "Welcome to the VALIC enrollment center." Below this, there is a text box for "Access code" containing the value "71115001". There are two buttons: "Enroll" and "View Prospectuses". An "ATTENTION" note states: "This process is for new online enrollments only. If you've already enrolled in your selected plan and have a confirmation number, please [click here](#) or call us toll free at 1.800.448.2542 (1.800.248.2542 TDD Services for the Hearing Impaired) 7:00 a.m. until 8:00 pm (CT) Monday through Friday." At the bottom, there is a copyright notice for The Variable Annuity Life Insurance Company and a disclaimer about the general nature of the information.

Enter the access code 71115001 to enroll in 401k, or enter the access code 71115002 to enroll in Roth.

Group name : BUCHHEIT ENTERPRISES, INC. **Plan name :** Buchheit, Inc. Employees' 401(k) Retirement Plan

If the group and plan name(s) above are correct, enter your SSN below. Otherwise, [click here](#).

- -

[Print](#)

enrollment process offered through Enrollment Center. I understand that if I wish to enroll in other plans of my Employer, I will not be required to use Enrollment Center for such future enrollment(s) but may contact my Employer directly for such enrollment or contact the Company at 1-800-448-2542.

9.04 Electronic Consent.

(1) I have read the information above about the hardware and software requirements to use the Enrollment Center web site in connection with my entering into an electronic agreement with my Employer to reduce my salary by specified periodic amounts to participate in and contribute to my Employer's Plan.

(2) I consent to the use of an electronic record and an electronic signature as evidence of my agreement to reduce my salary by specified periodic amounts to participate in and contribute to my Employer's Plan.

(3) I am able to view this consent and the Electronic SRA Record on Enrollment Center. I am able to print a copy of the Electronic SRA Record for my future use.

(4) I have an e-mail address at my place of employment with my Employer, and I am able to send e-mails and receive e-mails with hyperlinks to web sites.

[I do not agree](#) [I have read and agree to the above terms of use](#)

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Enter your Social Security number in the boxes.

Click on, “I have read and agree to the above terms of use”

https://my.valic.com/onlineenrollment/

VALIC Enrollment Center

ADP Assurant Employee Benefits BAS Health Benefit Admi... Client Portal - Hawaii Mai... Free Hotmail Kronos Workforce Central... Login Mailbox Municipal Statistics My Information

Enrollment center SYSTEM REQUIREMENTS
Allow pop-up windows : Adobe Reader

Employee information

Please enter the information below. In order to protect your identity, the information provided will be authenticated by validating it against your data on file.

SSN : xxx-xx-5343

Last name * :

Date of birth * : / /

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Enter your Last name and date of birth.

Click on NEXT

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VALIC

Enrollment center

SYSTEM REQUIREMENTS
Allow pop-up windows : Adobe Reader

Step 1 : Personal information

Please verify that this is your participating plan and that the last four digits of your SSN below is correct. If either is incorrect, click the Cancel button to restart enrollment.

Plan : BUCHHEIT ENTERPRISES, INC.
SSN : xxx-xx-5343

The name information used for this enrollment was provided by your employer. Please contact your employer to make changes to your name to update your employer's records.

First name * :
Middle name :
Last name * :
Suffix :

Residence address

Step 1 of 7

- Step 1 : Personal Information
- Step 2 : Salary Reduction
- Step 3 : Investment Options
- Step 4 : Beneficiaries
- Step 5 : Document Delivery
- Step 6 : Final Review
- Step 7 : Confirmation

https://my.valic.com/onlineenrollment/

VALIC Enrollment Center

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Residence address

Country : [Your residence address must be in the US.]
Line 1 * :
Line 2 :
Line 3 :
City * :
State * :
Zip code * :

Please check this box, if mailing address is different from residential address

Mailing address

Country :
Line 1 :
Line 2 :
Line 3 :
City :

https://my.valic.com/onlineenrollment/

VALIC Enrollment Center

ADP Assurant Employee Benefits BAS Health Benefit Admi... Client Portal - Hawaii Mai... Free Hotmail Kronos Workforce Central... Login Mailbox Municipal Statistics My Information

Contact Information

Phone Information

-Select- []

-Select- []

Email Information

-Select- []

-Select- []

E-mail address is incorrect

Preferred contact * : Phone E-Mail

Additional information

Gender * : Male Female

Marital status * : Not Married [v]

Date of birth * : February [v] / 4 [v] / 1963 [v]

Hire date * : February [v] / 4 [v] / 1963 [v]

Employer name : RICHFIT ENTERPRISES, INC

https://my.valic.com/onlineenrollment/

VALIC Enrollment Center

ADP Assurant Employee Benefits BAS Health Benefit Admi... Client Portal - Hawaii Mai... Free Hotmail Kronos Workforce Central... Login Mailbox Municipal Statistics My Information

Are you employed by or holding a license with a Financial Industry Regulatory Authority (FINRA) member firm?

Yes No

Name of firm (if yes):

[]

Next Cancel

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Step 1: Scroll down thru entire page of Step 1. Your name and address will automatically be populated. You will want to add your phone number under Contact Information and select whether it is business or personal. Enter your Preferred contact method: Phone or Email. Under Additional Information select your Gender and Martial Status. Your Date of birth and Hire date should be pre-populated.

Click on NEXT

The screenshot shows a web browser window with the URL <https://my.valic.com/onlineenrollment/>. The page title is "Enrollment center" and it includes a "SYSTEM REQUIREMENTS" section with the text "Allow pop-up windows : Adobe Reader". The main heading is "Step 2 : Salary reduction".

Please specify how much of your salary you want to **defer per pay period**.

401 K

PRE-TAX Contribution %

Percent must be between 0% and 100% per pay period.

NOTE: Deferral will start next available payroll period.

Terms and conditions

Please read and agree to the following terms by selecting the check box below:

I consent to the Salary Reduction Agreement below:

Agreement executed by me under Employer's plan.

This agreement shall continue indefinitely until amended or terminated by either party by giving at least thirty

On the right side, there is a "Step 2 of 7" navigation menu with the following steps:

- Step 1 : Personal Information
- Step 2 : Salary Reduction**
- Step 3 : Investment Options
- Step 4 : Beneficiaries
- Step 5 : Document Delivery
- Step 6 : Final Review
- Step 7 : Confirmation

A "Print" button is located at the bottom right of the main content area.

The screenshot shows a web browser window with the URL <https://my.valic.com/onlineenrollment/>. The page title is "VALIC Enrollment Center". The browser's address bar and tabs are visible, showing various services like ADP, Assurant Employee Benefits, BAS Health, Benefit Admin, Client Portal, Hawaii Mail, Free Hotmail, Kronos Workforce Central, Login, Mailbox, Municipal Statistics, and My Information.

The main content area contains the following text:

Agreement executed by me under Employer's plan.

This agreement shall continue indefinitely until amended or terminated by either party by giving at least thirty (30) days' written notice prior to the date of such amendment or termination. If my Employer elects to cease all salary reduction or deferred compensation contributions to its plans, this Agreement shall automatically terminate. Unless my Employer's plan provides otherwise, this Agreement shall automatically terminate upon my separation from service with my Employer.

I agree and acknowledge that contributions under this agreement shall be subject to the provisions of the plan and that my Employer may impose its own or additional administrative rules and procedures.

I understand that nothing in this agreement shall be deemed to constitute an employment agreement and nothing contained herein shall be deemed to give me any right to be retained in the employ of my Employer.

Below the text are two buttons: "Next" and "Cancel".

At the bottom of the page, there is a copyright notice: "Copyright © The Variable Annuity Life Insurance Company. All rights reserved. | [Terms Of Use](#) | [Privacy](#)".

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Step 2: Enter the deferral percentage you which to elect.

Click on the box that states, "I consent to the Salary Reduction Agreement below:"

Click on NEXT

Enrollment center

Step 3 : Investment options/allocation

Tell us how to invest your retirement contribution. You may invest in one or more of the investment options offered by your retirement plan. You must also determine what percentage—in whole numbers and totaling 100%—of your total contribution will go into each investment. A maximum of 20 investment options is permitted.

[View Fund Performance](#) | [View Fund Prospectus](#)

NOTE: You may click a fund name below to review its prospectus.

Investment vehicle	Percent allocation
AM BEACON SMCAP VAL INST	<input type="text" value="0"/>
COLUMBIA MID CAP INDEX R5	<input type="text" value="0"/>
DREYFUS CASH MANAGEMENT INSTL	<input type="text" value="0"/>
DREYFUS INFLATION-ADJ SEC INST	<input type="text" value="0"/>
FIDELITY ADV EMERGING MKTS I	<input type="text" value="0"/>
FIDELITY INTL INDEX INV	<input type="text" value="0"/>
FIXED INTEREST OPTION	<input type="text" value="0"/>
JANUS ENTERPRISE I	<input type="text" value="0"/>

Step 3 of 7

Step 1 : Personal Information

Step 2 : Salary Reduction

Step 3 : Investment Options

Step 4 : Beneficiaries

Step 5 : Document Delivery

Step 6 : Final Review

Step 7 : Confirmation

FIXED INTEREST OPTION	<input type="text" value="0"/>
JANUS ENTERPRISE I	<input type="text" value="0"/>
JANUS TRITON T	<input type="text" value="0"/>
JHANCOCK DSCPLND VALUE MIDCAPI	<input type="text" value="0"/>
JP MORGAN US EQUITY R5	<input type="text" value="0"/>
MFS MASSACH INVESTOR GR STK R4	<input type="text" value="0"/>
NUVEEN REAL ESTATE SECUR I	<input type="text" value="0"/>
PIMCO TOTAL RET INSTL	<input type="text" value="0"/>
VANGRD WINDSOR II ADMIRAL	<input type="text" value="0"/>
VANGUARD 500 IDX ADM	<input type="text" value="0"/>
VANGUARD HEALTH CARE	<input type="text" value="0"/>
VANGUARD INTRM-TRM BND IDX ADM	<input type="text" value="0"/>
VANGUARD SM CP IDX ADM	<input type="text" value="0"/>
VANGUARD TGT RTMT 2015	<input type="text" value="0"/>
VANGUARD TGT RTMT 2020	<input type="text" value="0"/>

VANGUARD SM CP IDX ADM	0
VANGUARD TGT RTMT 2015	0
VANGUARD TGT RTMT 2020	0
VANGUARD TGT RTMT 2025	0
VANGUARD TGT RTMT 2030	0
VANGUARD TGT RTMT 2035	0
VANGUARD TGT RTMT 2040	0
VANGUARD TGT RTMT 2045	0
VANGUARD TGT RTMT 2050	0
VANGUARD TGT RTMT 2055	0
VANGUARD TGT RTMT 2060	0
VANGUARD TGT RTMT INC	0
VANGUARD VALUE INDEX ADMIRAL	0
Total Allocation:	0 %

Next Cancel

Step 3: This is where you have to choose an investment allocation. For more information on your investment options/allocations please contact our financial advisor, Jeff Phillips at 870-930-5970. You will have to choose an option before you can continue.

Enrollment center SYSTEM REQUIREMENTS
Allow pop-up windows : Adobe Reader

Step 4 : Beneficiaries

In this section, you designate who would receive any benefits in the event of your death. Your primary beneficiary (ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your contingent beneficiary(ies) will receive these benefits. **You will need to designate at least one primary beneficiary online.**

If one or more of the following beneficiary options apply then you will also need to complete and return the Beneficiary Designation Form to the address listed on the form:

- **Children who are minors** : If any of your beneficiaries is a minor.
- **Multiple beneficiary designations** : If you wish to designate more than ten primary and/or contingent beneficiary designations. The Beneficiary Designation Form will instruct you how to designate more than ten.

Once we receive your completed Beneficiary Designation Form, it will supersede all previous beneficiary designations for this account.

Get Beneficiary Form from ePrint.

1. Click on the **ePrint** logo below.
2. A separate web page will launch. Click on the "Forms" link (under) "Quick Links"
3. Click on the "Beneficiary Designation Form".
4. Print the form. Complete it and return it to the address on the form.



Step 4 of 7

- Step 1 : Personal Information
- Step 2 : Salary Reduction
- Step 3 : Investment Options
- Step 4 : Beneficiaries
- Step 5 : Document Delivery
- Step 6 : Final Review
- Step 7 : Confirmation

Primary Beneficiary						
First Name	Last Name	Relationship	Percentage	SSN	Date of birth	
1	<input type="text"/>	<input type="text"/>	Select <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total :			%			
Add Another Primary Beneficiary						

Contingent Beneficiary						
First Name	Last Name	Relationship	Percentage	SSN	Date of birth	
1	<input type="text"/>	<input type="text"/>	Select <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:			%			
Add Another Contingent Beneficiary						

Step 4: Here is where you will enter your beneficiaries. If you are married it is mandatory that your spouse is your primary beneficiary.

You are not required to put a contingent beneficiary but it is recommended.

Click on NEXT

The screenshot shows a web browser window with the URL <https://my.valic.com/onlineenrollment/>. The page title is "Enrollment center" and it includes a "SYSTEM REQUIREMENTS" section with the text "Allow pop-up windows : Adobe Reader". The main heading is "Step 5 : Document delivery options". Below this, there is a paragraph explaining that users will designate notification preferences for account statements, regulatory reports, and transaction confirmations. The "Delivery Options:" section includes a checked checkbox for "E-mail notification for all options". Underneath, there are three categories: "Account statements", "Prospectus, regulatory reports, or disclosure", and "Transaction confirmations", each with radio button options for "E-Mail Notification" (selected) and "U.S. Mail". A right-hand sidebar shows a progress indicator for "Step 5 of 7", with "Step 5 : Document Delivery" highlighted in green. Other steps listed are "Step 1 : Personal Information", "Step 2 : Salary Reduction", "Step 3 : Investment Options", "Step 4 : Beneficiaries", "Step 6 : Final Review", and "Step 7 : Confirmation". At the bottom, the text "Online Delivery to:" is visible.

The screenshot shows a web browser window with the URL <https://my.valic.com/onlineenrollment/>. The page title is "VALIC Enrollment Center". The browser's address bar and tabs are visible at the top. The main content area is titled "E-MAIL NOTIFICATION" and includes a radio button for "U.S. Mail". Below this, the "Online Delivery to:" section contains two input fields: "E-mail address:" (with "(Current e-mail Address)" to its right) and "Confirm E-mail address:". A confirmation message states: "A confirmation will be sent to the email address provided above. The email will come from VALIC Personal Deliver-e [email@valicdeliver-e.com].". At the bottom of this section are two green buttons: "Next" and "Cancel".

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Step 5: Here you will choose your delivery option for documents. Click on the methods that you want documents delivered to you. Click on NEXT.

Browser: <https://my.valic.com/onlineenrollment/>

VALIC Enrollment Center

ADP | Assurant Employee Benefits | BAS Health Benefit Admi... | Client Portal - Hawaii Mai... | Free Hotmail | Kronos Workforce Central... | Login | Mailbox | Municipal Statistics | My Information

Enrollment center SYSTEM REQUIREMENTS
Allow pop-up windows : Adobe Reader

Step 6 : Final review

Here is a final look at your enrollment information. **Please review each section carefully**--you will not be able to make further changes to your enrollment information after completing this step.

If you need to make any changes, click the [Edit] button next to the related section(s), or use the navigation control displayed in the right column. If you are satisfied with your choices, click the [Yes, enroll me now] button below.

Plan information

Plan : BUCHHEIT ENTERPRISES, INC.

Personal information | Edit

Name: KEVIN BRAWLEY

SSN: xxx-xx-5343

Citizenship Status:

Residence Address: 6788 JACKSON SCHOOL RD
BLOOMSDALE MO 63627
US

Mailing Address: 6788 JACKSON SCHOOL RD
BLOOMSDALE MO 63627
US

Business Mobile: (573) 547-1010

Step 6 of 7

- Step 1 : Personal Information
- Step 2 : Salary Reduction
- Step 3 : Investment Options
- Step 4 : Beneficiaries
- Step 5 : Document Delivery
- Step 6 : Final Review
- Step 7 : Confirmation

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US

Business Mobile: (573) 547-1010

E-Mail Business Address:

E-Mail Personal Address:

Preferred Contact Method: PHONE

Gender: Male

Marital Status: Not Married

Date of Birth: February 04, 1963

Hire Date: February 04, 1963

Employer Name: BUCHHEIT ENTERPRISES, INC.

Employed by FINRA Firm?: No

Employer Name (FINRA Firm): N/A

Salary reduction agreement | Edit

Salary deferrals by plan:

401 K

Contribution Type : PRE-TAX Contribution

Current deferral rate : 2.00%

Investment options | Edit

Allocations by vehicle:

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Investment options | Edit

Allocations by vehicle:

User Selected Allocation

FIXED INTEREST OPTION *	100%
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[*] Assets invested in 'VALIC FIXED INTEREST' fund may be subject to restricted transfer availability. There may be other investment options considered to be Competing Options that will be excluded in direct transfers from 'VALIC FIXED INTEREST'. Amounts transferred from 'VALIC FIXED INTEREST' to non-excluded investment options will be restricted from transfer to Competing Options for 90 days. For questions please contact an Enrollment Specialist. We are available Monday through Friday, from 7:30 a.m. to 7:00 p.m. (Central Time) at 1.888.569.7055 (1.800.248.2542 TDD, Hearing or Speech Impaired).

Beneficiary designation | Edit

Primary Beneficiary

Name (s)	Relationship	SSN (optional)	DOB (optional)	Percentage	Address (optional)	City (optional)	State (optional)	Zip (optional)	Ph (optional)
JOHN DOE	SPOUSE			100%					

Document delivery option | Edit

Delivery Option: Paper Delivery of Documents

E-Mail Address: N/A

Account Statements: U.S. Mail

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Name (s)	Relationship	SSN (optional)	DOB (optional)	Percentage	Address (optional)	City (optional)	State (optional)	Zip (optional)	Ph (optional)
JOHN DOE	SPOUSE			100%					

Document delivery option | Edit

Delivery Option: Paper Delivery of Documents

E-Mail Address: N/A

Account Statements: U.S. Mail

Prospectus,regulatory Reports: U.S. Mail

Transaction Confirmations: U.S. Mail

Here is a complete look at your enrollment information. Please review each section carefully. If you need to make changes, click [Edit] in the appropriate section(s). If you are satisfied with your choices, click [Yes, enroll me now].

[Cancel my enrollment and exit](#) [Yes, enroll me now](#)

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Step 6: Here you will review your information. Please look over and make sure everything looks correct. If it looks good, click on “Yes, enroll me now”

Step 7: Confirmation